

We compared our findings with current best practice in order to create a guideline.

Methods: Retrospective analysis of bronchoscopies performed from 2nd July 2003 – 14th July 2010.

Results: 22 cases were identified in which 55% a foreign body was identified and retrieved. The median age was 2.1 years. All clinically unstable patients were taken to theatre as an emergency and stable patients underwent bronchoscopy during the next available daytime operating slot. A foreign body was found in 75% of patients where all three of the following were present: history of choking episode, persisting symptoms and abnormal physical examination.

Conclusion: In patients with a history of choking episode, ongoing respiratory symptoms and examination abnormalities an urgent bronchoscopy is mandatory. Following this criteria we would have achieved a sensitivity of 80% and reduced the number of foreign body negative bronchoscopies by 70% without omitting any foreign body positive patients. For patients who only meet some of these criteria then a period of inpatient observation is advocated. Using this information we created a guideline to determine likely need for intervention.

0105: 'PERMACOL PURSE' - A UNIQUE APPLICATION OF PERMACOL IN AUGMENTATION RHINOPLASTY

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Introduction: Permacol (Tissue Science Laboratories plc) is cross-linked, porcine dermal collagen with its constituent elastin fibres. It is colonised by tissues and blood vessels. Within ENT, it can be used in rhinoplasty or for camouflaging a bony dorsum. We describe a unique method that can be configured to the defect.

Methodology: On assessment of the dorsal defect we create an appropriately sized rectangular pocket of Permacol. Three sides of the pocket are closed with an absorbable suture. The pocket is filled with diced autologous septal or conchal cartilage, and sutured closed, before being placed subcutaneously over the dorsal defect.

Results: Over 3 years, we have applied this technique in more than 10 cases with no known complications.

Discussion: Permacol has a number of advantages making it superior to other graft materials. This technique is a modification of Erol's technique using Surgicel. Autologous grafting is considered entirely satisfactory; however, it is not without risks. The limited literature available has reported only a handful of disadvantages and complications associated with the use of Permacol. We have no cases of complications pertaining specifically to its use. Our case series is limited by numbers; we hope to present a comprehensive analysis in the future.

0155: A SAFETY ASSESSMENT OF A&E REFERRED ENT PATIENTS

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Aim/Objective: ENT presentations are common in both primary and emergency care. In our A+E, presentations are occasionally referred directly for specialist opinion. However, a subset of patients were noted to be unstable and being referred without any primary interventions. Due to the lack of guidelines, we aimed to identify – A+E referrals being made to the ENT department, appropriateness of referral and interventions done prior to referral.

Methods: All ENT referrals from A+E between 1.9.2011 and 30.9.2011 were identified. Data was collected via a proforma on grade of referrer, nature of presentation, time referred and seen by ENT, nature of basic intervention performed and the adequacy of A+E management.

Results: All 29 referrals were appropriate, mostly from A+E doctors. Out of 14 referrals of acutely bleeding patients (half being children), 9 patients did not have adequate circulatory support when seen by ENT. The remaining 15 referrals, 10 had been appropriately treated prior to referral. The mean time difference from being referred and seen by ENT was 36.08 minutes with a median of 30 minutes.

Conclusion: Of 29 referrals, 15 had satisfactory A+E interventions and 14 needed further support, primarily concerning circulation. We are working closely with the A+E to organise a teaching programme on ENT emergencies and to create a trust guideline on referring.

0190: LITIGATION WITHIN OTOLARYNGOLOGY: AN UPDATE AND REVIEW OF CURRENT TRENDS AND RECOMMENDATIONS

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Aims: To analyse trends in litigation claims made against otolaryngologists within the NHS in the past 8 years and identify areas to be aware of during future practice.

Methods: The NHS litigation authority was asked to provide data relating to all claims within otolaryngology over the past 8 years. The claims were sub-divided and their nature, location, year and amount paid were recorded. A literature review using EMBASE and Medline was performed and comparisons made to previous publications.

Results: 585 claims were notified, 313 successful, 161 unsuccessful and 111 open. £21,837,141.27 was paid and £34million held in reserve. The majority of claims related to complications within the operating theatre (49.6%) followed by outpatients (32.1%). The commonest claim was failure/delay in diagnosis (19.7%) then failure/delay in treatment (15%) and failure to warn/obtain informed consent (6.8%). The majority of claims related to head and neck surgery (27.86%) followed by otology (25.1%). There were 33 (5.6%) never events recorded.

Conclusions: Clearly all claims cannot be avoided; however simple measures can decrease this number. With an increased awareness of potential pitfalls, our practice and patient satisfaction can improve whilst limiting financial strains on an overburdened NHS.

0194: CAUTERY TO INFERIOR TURBINATES IN ALLERGIC RHINITIS: RIGHT SURGERY AT THE RIGHT TIME?

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Aims: To determine whether those patients undergoing cautery to inferior turbinates (CITS) were correctly diagnosed with allergic rhinitis, with appropriate documented evidence and investigations; and to determine whether they had undergone appropriate initial management prior to surgery according to guidelines.¹

Method: Data was examined retrospectively between 2006 and 2011. Clinical codes for CITS were obtained and data was extracted from a computerized archive system and patient notes.

Results: 57 patients were identified. 59% were male with a mean age of 29 years. Commonest symptoms were nasal obstruction (94%) and rhinorrhoea (19%). 26% of patients were diagnosed with allergic rhinitis through skin prick and/or RAST testing. 87% received appropriate nasal sprays with only 19% receiving oral antihistamines when nasal steroids failed to control symptoms. Post-operatively only 8% were provided with a steroid nasal spray. 31% were followed-up at a median time of 6 weeks. 64% reported symptom improvement.

Conclusion: The benefit of CITS is unproven within the literature and remains a procedure to be considered once all treatments have failed. In our unit, first and second line treatments were poorly utilised prior to surgery. Treatment algorithms should improve the medical management of the condition and reduce the numbers undergoing CITS.

0205: THE USE OF ANTICOAGULANT AND ANTIPLATELET MEDICATION IN ADMITTED EPISTAXIS PATIENTS: IMPLEMENTATION OF NEW GUIDELINES

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Aim: To standardise the management of anticoagulant and antiplatelet prescribing in ENT patients admitted with epistaxis.

Method: Initial audit (1st Sept and 31st Dec 2010) was conducted retrospectively studying 43 admitted epistaxis patients. Guidelines on antiplatelet and anticoagulant prescribing were formulated with input from ENT and haematology consultants. Guidelines have been implemented (15th Nov 2011) and re-audit currently underway.

Results: On initial audit 69% of patients presenting with epistaxis were on some form of anticoagulant or antiplatelet medication. A significant number of patients had these medications stopped on admission to hospital (>70%) even though the majority were non life threatening bleeds controlled adequately with nasal packing. Guidelines were implemented and re-audit started. So far re-audit has shown a significant reduction in